

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5781

Registration District No. 32

Primary Registration District No. 5111

Registrar's No.

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town Rural Liberty
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 63 years
years, months or days)

3. (a) PRINT FULL NAME Wiley Sherman Darnett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marada Darnett 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased March 31, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Bellinger Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Darnett
13. Birthplace Bellinger Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marion Adams
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Nelson Merrett
(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Feb. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cemetery, Lutesville, Mo.

18. (a) Signature of funeral director Clayton S. Morgan

(b) Address Advance, Mo.

19. (a) Feb. 20, 1943 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advance
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1943 hour 3 minute 29 M.

21. I hereby certify that I attended the deceased from 1939 to Feb. 10, 1943
that I last saw him alive on Feb. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to Smility

Due to

Other conditions 102
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (a) Means of injury

23. Signature E. C. Master (M. D. or other) MO
Address Advance, Mo. Date signed 2/20/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 343-1882
Date Filed 3-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lloyd S Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed

Lloyd S Morgan

Licensed Embalmer No. 3261

P. O. Address Adrian, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.